## SUBMIT ( ) MPLETED ORIGINAL APPLICA ON, TAX STATEMENT AND FEE O:

Washburn, WI 54891 (715) 373-6138 Bayfield County Zoning Department P.O. Box 58

## APPLI BAYFIELI

INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department. DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVI Changes in plans must be approximate by the Termital Changes. Changes in plans must be approved by the Zoning Department

Gov't Lot

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Block of Deeds

Legal Description

NW 1/4 of S

Volume

306

\_Page

120

Property Owner DAVID + ELIZABETH

Address of Property

39670

maso,

FSH

Is your structure in a Shoreland Zone?

7/5-765-4774 (Home)

□ \* Residence or Principal Structure (# of bedrooms)

☐ \* Residence w/deck-porch (# of bedrooms)

Residence sq. ft.

Fair Warket Value

6

) 00, 00 Square Footage

New

Addition\_

LAND USE

SANITARY 🔲

PRIVY 🔲

Use Tax Statement for Legal Description

1	☐ External Improvements to Accessory Building (explain)	(explain)
ļ	☐ External Improvements to Principal Building (explain)	por viole.
l	☐ Special/Conditional Use (explain)	
l	☐ Commercial Other (explain)	arage sq. ft
l	☐ Commercial Accessory Building Addition (explain)	pedrooms)
ļ	☐ Commercial Accessory Building (explain)	ck(2) sq. ft
1	☐ Commercial Principal Building Addition (explain)	oms)rch sa. ft
1	☐ Commercial Principal Building	•
į l	Type of Septic/Sanitary System	of bedrooms)
, ,	Basement: Yes No V Number of Stories 1 Sanitary: New Existing V Privy City City	Existing Square Footage 1350 4
	Distance from Shoreline: greater than 75' \( \) 75' to 40' \( \) less than 40 \( \)	Yes O No X If yes.
	Written Authorization Attached: Yes 🔲 No 🗷	ne)(Work)
1	Authorized Agent(Phone)	59856
1	Plumber	STIENSTRA Rd
,	Contractor(Phone)	beth Vaillancours
. J. Cen	4-030-8-45-05-08-400-60-6	Deeds Parcel I.DO
) }	CSM # Acreage (C	ckSubdivision
,	hip 45 North, Range 5 West. Town of 1, ncoln	E 1/4 of SectionTownship
·	E SPECIAL USE B.O.A. OTHER	PRIVY CONDITIONAL USE
	TO APPLICANT.	ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.
		mtil all fees are paid. Bayfield Co. Zoning Dept. Zoning Department.
	011 (1) Zoming District 45 - 10 (20) Amount Paid: \$75.00 (20)	0 1 20
	Date: 78//	
		APPLICATION FOR PERMIT BAYFIELD COUNTY, WISCONSIN

## ☐ Residential Other (explain) FAILURE TO OBTAIN A PERMIT of STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

风Residential Accessory Building (explain) ☐ Residential Addition / Alteration (explain)

☐ Residential Accessory Building (explain) ☐ ☐ Residential Accessory Building Addition (explain)

☐ # Residence w/attached garage (# of bedrooms)

Residence sq. ft.

Garage sq. ft

Deck sq. ft. Residence sq. ft.

Deck(2) sq. ft Porch sq. ft

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by **Bayfield County** in determining whether to issue a permit. I (we) further accept liability which may be a result of **Bayfield County** relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administrating county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner or Authorized Agent (Signature)

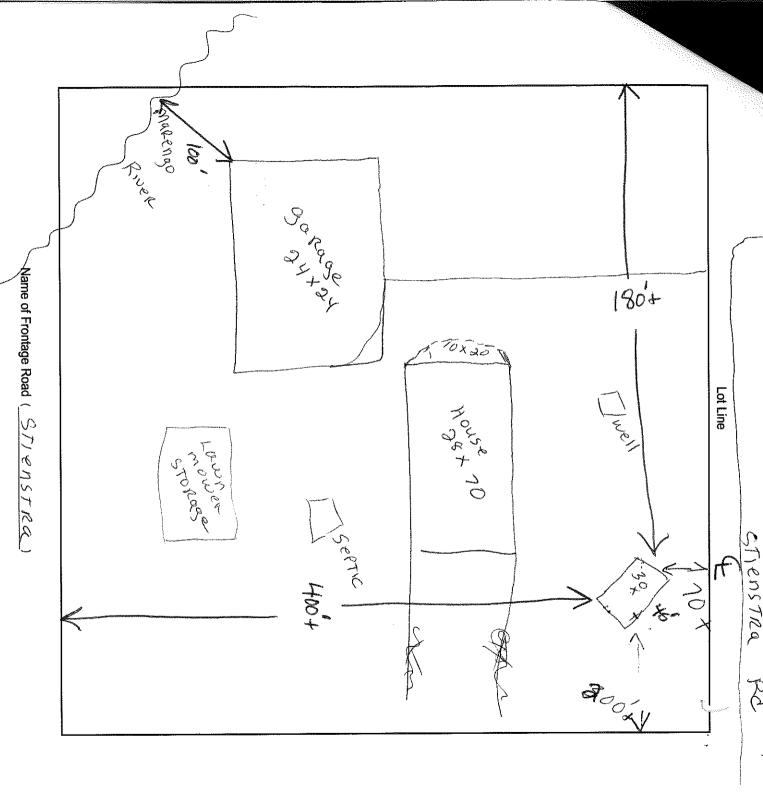
Address to send permit. SOME Ç allowe

★ See Notice on Back APPLICANT PLEASE COMPLETE REVERSE SIDE ATTACH

Copy of Tax Statement or V

(If you recently purchased the property Attach a Copy of Recorded Deed)

Permit Issued:  Date 7-8-11 Permit Number 11-0311 Permit Denied (Date)  Reason for Denial:  Reason for Denial:  Represent: Mets all settmasts. Property Lines per ordinor.  Representations By M. Fustal Date of Inspection & Variance (B.O.A.)  Mitigation Plan Required: Yes O No & Variance (B.O.A.)  Condition: Met to be used for human Institute.  Signed McMael Lines Contacts  Signed McMael Lines Contacts  Bate Of Inspection Date of Inspection Inspecti	Musine in Elmonice.	" Mat to be used for hum	Mitigation Plan Required: Yes  No  N	in Record: Mests all setman	Date / Permit Number.  Reason for Denial:	
e   aste)	Signed Michael Lutch	ran habitation. Mouster	Variance (B.O.A.	Med Morperty Lineas per out  1 Transport	Permit Delined (Date)	tary NumberDate



- Name the frontage road and use as a guideline, fill in the lot dimensions and indicate North (N).
- Ņ Show the location, size and dimensions of the structure.
- က Show the location, size and dimensions of attached deck(s), porch(s) or garage
- 4-Show the location of the well, holding tank, septic tank and drain field

IMPORTANT
DETAILED PLOT PLAN
IS NECESSARY, FOLLOW
STEPS 1-8 (a-o) COMPLETELY.

- Çī Show the location of any lake, river, stream or pond if applicable
- O Show the location of other existing structures
- Show the location of any wetlands or slopes over 20 percent
- ω Show dimensions in feet on the following:
- Building to all lot lines
- Building to centerline of road
- മറ Building to lake, river, stream or pond
- Holding tank to closest lot line
- ი Holding tank to building
- Holding tank to well
- Holding tank to take, river, stream or pond
- Privy to closest lot line

- Privy to building
- Privy to lake, river, stream or pond
- ----
- 3
- Septic Tank and Drain field to closest lot line
  Septic Tank and Drain field to building
  Septic Tank and Drain field to well
  Septic Tank, and Drain field to lake, river, stream or pond.
- ο ⊃ Well to building

\*NOTICE: All Land Use Permits Expire One (1) Year From The Date Issued

For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code You Must Contact Your Town Chairman / Clerk For More Information.

The local town, village, city, state or federal agencies may also require permits

Stake or mark proposed location(s) of new building, holding tank, septic, drain field, privy, and well. Inspector will not make an inspection until location(s) are staked or marked